

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH				State File No. <u>224</u>	
County <u>Maricopa</u>		State _____		Registered No. <u>1082</u>	
District or Township _____		or Village _____		or _____	
City <u>Phoenix</u>		No. <u>1712 W Olive St</u>		St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Edgar Leland Stanford</u>					
(a) Residence, No. <u>Los Angeles Calif.</u>		St. _____		Ward _____	
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred yrs. <u>3</u> mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOW- ED or DIVORCED. (Write the word)			
<u>Male</u>	<u>White</u>	<u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Daisy Stanford</u>					
6. DATE OF BIRTH (month, day and year) <u>Feb. 22 1892</u>					
7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.	
<u>35</u>	<u>7</u>	<u>8</u>	<u>8</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					
9. BIRTHPLACE (city or town) <u>San Angelo</u> (State or country) <u>Texas</u>					
10. NAME OF FATHER <u>Phillip F Stanford</u>					
11. BIRTHPLACE OF FATHER _____ (State or country) <u>Mo.</u> (city or town)					
12. MAIDEN NAME OF MOTHER <u>Samanthe Culberson</u>					
13. BIRTHPLACE OF MOTHER _____ (State or country) <u>Ark.</u> (city or town)					
14. Informant <u>Phillip F Stanford</u> (Address) <u>Camp Verde Box 52</u>					
15. Filed <u>10-2</u> , 19 <u>27</u> <u>[Signature]</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>9-30-27</u> 19 <u>27</u> Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from _____, 19 <u>27</u> to _____, 19 <u>27</u> that I last saw him alive on _____, 19 <u>27</u> and that death occurred, on the date stated above, at <u>10 P</u> m. The CAUSE OF DEATH* was <u>accidental</u> <u>Drown Cyanide?</u> (duration) yrs. mos. ds.					
CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.					
18. Where was disease contracted If not at place of death? <u>no</u> Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>[Signature]</u> (Signed) _____ 19 <u>27</u> (Address) _____ M. D.					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mesa, Ariz.</u> <u>E. L. MOORE & SONS</u>				DATE OF BURIAL <u>10-3-27</u> ADDRESS _____	
20. UNDERTAKER <u>E. L. MOORE & SONS</u>					